

JEFFERSON HOSPITAL

WELLNESS CENTER

RELEASE FORM

This form must be signed and returned

1. Patron warrants, represents and agrees that patron is in:
 - A. Good physical condition and that he/she has no disability, impairment or ailment preventing engagement in active or passive exercise.
 - B. That participation is not detrimental to his/her health, safety, comfort or physical condition.
 - C. Knows of no reason physical, mental or otherwise which would prevent starting and completing the course of activity.

2. Patron hereby releases Jefferson Hospital Wellness Center from any and all liability resulting from use of the facility and assumes all risk in connection there with including known and unknown risks.

I am of legal age and have read and fully understand the contents of this document. I represent myself as physically fit and capable of using the exercise facility provided.

Signed: _____ Date: _____

Wc: _____